

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL POULTRY IMPROVEMENT PLAN

FLOCK SELECTING AND  
TESTING REPORT

- SUBPART:
- ☐ B - Egg Type Chickens
  - ☐ C - Meat Type Chickens
  - ☐ D - Turkeys
  - ☐ E - Waterfowl, Exhibition Poultry and Game Birds
  - ☐ F - Ostrich
  - ☐ Other

- CLASSIFICATION - U.S.
- ☐ Pullorum - Typhoid Clean
  - ☐ M. Gallisepticum Clean
  - ☐ M. Synoviae Clean
  - ☐ Sanitation Monitored
  - ☐ M. meleagridis Clean

- TYPE
- ☐ Salmonella enteritidis Clean
  - ☐ Salmonella Monitored
  - ☐ M.G. Monitored
  - ☐ M.S. Monitored
  - ☐ Avian Influenza Clean
  - ☐ H5/H7 Avian Influenza Monitored
  - ☐ Other
- ☐ Primary
- ☐ Multiplier

1. Name and Address of Flockowner (Include Zip Code)

2. Location of Flock

3. Date of Preceding Test - This Location

4. Supply Flock for: (Name and address of hatchery or dealer - include Zip Code)

Approval Number

5. Breed, Variety, Strain or Trade Name of Stock

Age of Birds

Code Identification

6. Males (Source and Number)

Date of Hatch

7. Females (Souce and Number)

Date of Hatch

8. Total Birds in Flock

Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory	f. Laboratory Findings
9. PULLORUM TYPHOID						
10. M. GALLISEPTICUM						
11. M. SYNOVIAE						
12. OTHER (specify)						

AGREEMENT OF FLOCKOWNER

I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the Official State Agency. I further agree to flock inspection by a representative of the Official State Agency as prescribed by the provisions and regulations.

Signature of Inspector or authorized agent

Date

Signature of Flockowner

Date